

**APPLICATION DATA SHEET**

| Application Information             |   |
|-------------------------------------|---|
| Application Number:                 |   |
| Filing Date:                        | August 5, 2003  |
| Application Type:                   | Regular   |
| Subject Matter:                     | Utility   |
| Suggested Classification:           |   |
| Suggested Group Art Unit:           |   |
| CD-ROM or CD-R:                     |   |
| Number of CD disks:                 |   |
| Number of Copies of Cds:            |   |
| Sequence Submission?:               |   |
| Computer Readable Form (CRF)?:      |   |
| Number of Copies of CRF:            |   |
| Title:                              | GROUP III-NITRIDE GROWTH ON SI SUBSTRATE<br>USING OXYNITRIDE INTERLAYER |
| Attorney Docket Number:             | 5853-413  |
| Request for Early Publication:      |   |
| Request for non-Publication:        |   |
| Suggested Drawing Figure:           |   |
| Total Drawing Sheets:               | 16  |
| Small Entity:                       | Yes   |
| Petition Included                   |   |
| Petition Type:                      |   |
| Licensed US Govt. Agency:           |   |
| Contract or Grant Numbers:          |   |
| Secrecy Order in Parent Application |   |

Express Mail No. EV346756409US

| Applicant Information                  |                                 |
|--|---------------------------------|
| Applicant Authority Type:              | Inventor                        |
| Primary Citizenship Country:           | Ukraine                         |
| Status:                                | Full Capacity                   |
| Given Name:                            | Olga                            |
| Middle Name:                           |                                 |
| Family Name:                           | Kryliouk                        |
| Name Suffix:                           |                                 |
| City of Residence:                     | Gainesville                     |
| State or Province of Residence:        | Florida                         |
| Country of Residence:                  | United States of America        |
| Street of Mailing Address:             | 6235 NW 35 <sup>th</sup> Street |
| City of Mailing Address:               | Gainesville                     |
| State or Province of Mailing Address:  | Florida                         |
| Country of Mailing Address:            | United States of America        |
| Postal or Zip Code of Mailing Address: | 32653                           |

| Applicant Information                  |                                |
|--|--------------------------------|
| Applicant Authority Type:              | Inventor                       |
| Primary Citizenship Country:           | United States of America       |
| Status:                                | Full Capacity                  |
| Given Name:                            | Timothy                        |
| Middle Name:                           | J.                             |
| Family Name:                           | Anderson                       |
| Name Suffix:                           |                                |
| City of Residence:                     | Gainesville                    |
| State or Province of Residence:        | Florida                        |
| Country of Residence:                  | United States of America       |
| Street of Mailing Address:             | 6607 NW 44 <sup>th</sup> Place |
| City of Mailing Address:               | Gainesville                    |
| State or Province of Mailing Address:  | Florida                        |
| Country of Mailing Address:            | United States of America       |
| Postal or Zip Code of Mailing Address: | 32606                          |

| Applicant Information                  |                          |
|--|--------------------------|
| Applicant Authority Type:              | Inventor                 |
| Primary Citizenship Country:           | United States of America |
| Status:                                | Full Capacity            |
| Given Name:                            | Michael                  |
| Middle Name:                           | Anthony                  |
| Family Name:                           | Mastro                   |
| Name Suffix:                           |                          |
| City of Residence:                     | Alexandria               |
| State or Province of Residence:        | Virginia                 |
| Country of Residence:                  | United States of America |
| Street of Mailing Address:             | 5003 Waple Lane          |
| City of Mailing Address:               | Alexandria               |
| State or Province of Mailing Address:  | Virginia                 |
| Country of Mailing Address:            | United States of America |
| Postal or Zip Code of Mailing Address: | 22304                    |

| Correspondence Information             |   |
|--|---|
| Correspondence Customer Number:        | 30448   |
| Name:                                  | AKERMAN SENTERFITT                                |
| Street of Mailing Address:             | 222 Lakeview Avenue, Suite 400,<br>P. O. Box 3188 |
| City of Mailing Address:               | West Palm Beach                                   |
| State or Province of Mailing Address:  | Florida   |
| Country of Mailing Address:            | United States of America                          |
| Postal or Zip Code of Mailing Address: | 33402-3188  |
| Telephone:                             | (561) 653-5000                                    |
| Telefacsimile:                         | (561) 659-6313                                    |
| E-Mail Address                         |   |

| Representative Information  |                     |      |
|-----------------------------|---------------------|------|
| Representative Customer No. | Registration Number | Name |
| 30448                       |                     |      |

| Domestic Priority Information |                 |                    |                    |
|-------------------------------|-----------------|--------------------|--------------------|
| Application                   | Continuity Type | Parent Application | Parent Filing Date |
|                               |                 |                    |                    |

| Foreign Priority Information |                    |             |                  |
|------------------------------|--------------------|-------------|------------------|
| Country                      | Application Number | Filing Date | Priority Claimed |
|                              |                    |             |                  |

| Assignee Information                   |                          |
|--|--------------------------|
| Assignee Name:                         | University of Florida    |
| Street of Mailing Address:             | 223 Grinter Hall         |
| City of Mailing Address:               | Gainesville              |
| State or Province of Mailing Address:  | Florida                  |
| Country of Mailing Address:            | United States of America |
| Postal or Zip Code of Mailing Address: | 32611                    |